

**COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION**

ATTORNEY DOCKET  
NO. 1-15407

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe that I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**BETA-HYDROXYALKYLAMIDES, PROCESS FOR THEIR PRODUCTION AND THEIR USE**

the specification of which

(check one) XX is attached hereto.

\_\_\_\_\_ was filed on \_\_\_\_\_ as application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, code of Federal Regulations, § 1.56,

- and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed			
<u>100 53 194.6</u> (Number)	<u>Germany</u> (Country)	<u>October 26, 2000</u> (Day/Month/Year Filed)	<u>XX</u> Yes	<u>      </u> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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(Appln. Serial No.)	(Filing Date)	(Status -- patented, pending, abandoned)
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(Appln. Serial No.)	(Filing Date)	(Status -- patented, pending, abandoned)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution and revocation: Phillip S. Oberlin, Reg. No. 19,066; D. Edward Dolgorukov, Reg. No. 26,266; Donald A. Schurr, Reg. No. 34,247; Mark A. Hixon, Reg. No. 44,766; Stephen P. Evans, Reg. No. 47,281; and Angelica M. Colwell, Reg. No. 46,637. Address all telephone calls to D. Edward Dolgorukov at telephone number (419) 249-7146. Address all correspondence to MARSHALL & MELHORN, LLC, Four SeaGate, Eighth Floor, Toledo, Ohio 43604, Attention: D. Edward Dolgorukov.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made upon information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Dr. Andreas Kaplan

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Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Residence Wiesentalstrasse 29, CH-7000 Chur

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Citizenship Germany Post Office Address Same as above

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Full name of second inventor René Gisler

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Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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